Effective October 1, 2000 09/763988												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT												
TC	TAL CLAIMS				The second			RATE	FEE		RATE	FEE.
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	860
TOTAL CHARGEABLE CLAIMS			/ minus 20=		•			XS 9=		OR	X\$18=	54
INDEPENDENT CLAIMS			/ minus 3 =		•			X40=		OR	X80=	640
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	640
·If	the difference	in column 1 is	less tham zero, enter o in column zw			1		1	OR	TOTAL	Keu	
* If the difference in column 1 is less thankers, enter to in column 2 CLAIMS AS AMENDED - PART II								d da	mo	10	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent		Minus -			=		- X40=		OR	X80=	
Ш	FIRST PRESE	NTATION OF MU	JUIPLE DEP	ENDEN	CLAIM	<u>·                                    </u>	Ī	+135=	4	OR	+270=	
	•									OR	TOTAL ADDIT, FEE	
	ADDIT. FEE ON ADDIT. FEE ADDIT. FEE ON ADDIT. FEE ADDIT. FEE (Column 1)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus		T (01. A 18.4	<u>                                     </u>	$\  \ $	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	n kan i	CLAIMS REMAINING AFTER AMENDMENT	29	NUM PREV	HEST MBER IOUSLY ) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••		=		X\$ 9=		OR	X\$18=	,
	Independent		Minus		IT OL AU	]=	4	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+135=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	
•••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

ation or Docket Number